

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J21324
1. Corporation Name

DECKS FLORIST INC

Principal Place of Business

Mailing Address

1501 E SLIGH AVE
TAMPA, FL 33604-5803

APPROVED
AND
FILED

AMENDED
96 OCT 28 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001995354--2
-11/04/96--01046--014
*****61.25 *****61.25

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MARY DECK
1501 E SLIGH AVE
TAMPA, FL 33604

3. Date Incorporated or Qualified

3a. Date of Last Report

07-01-86

1996

4. FEI Number

59-2705615

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

NANCY J BENZING

82 Street Address (P.O. Box Number is Not Acceptable)

1027 WILDROSE DRIVE

83

84 City

LUTZ

FL

85 Zip Code
33549

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Nancy J Benzing

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
MARY DECK
1501 E SLIGH AVE
TAMPA, FL 33604

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

1.1 TITLE
12 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

P
NANCY J BENZING
1027 WILDROSE DRIVE
LUTZ, FL 33549

☐ Change ☒ Addition

2.1 TITLE
22 NAME
23 STREET ADDRESS
2.4 CITY-ST-ZIP

V P
ALBERT M BENZING
1027 WILDROSE DRIVE
LUTZ, FL 33549

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

SECY
TAMMY L WATFORD
3955 KINGS DR
BRANDON, FL 33511

☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TREASURE
NANCY J BENZING
1027 WILDROSE DRIVE
LUTZ, FL 33549

☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Nancy J Benzing

Date

Daytime Phone #

CR2E034 (12/95)